SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/01/2019 22:52
Date Of Accident	31/01/2019 13:00
Exact Location Of Accident	ALONG ANG MO KIO AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF6047X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (M)
Exact Purpose for which vehicle was being used a time of accident	t
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29090793

Driver

Cover Note Number

Name of Driver PAN JUNHAO NRIC No S9448852D Date Of Birth 25/12/1994 Occupation **OUTDOOR** 08/08/2017 **Date Of Driving Pass**

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93875259

Fax Number

Contact Number

EMail Address HABEEB@REDMART.COM Address BLK 681B WOODLANDS DRIVE 62 #03-21

Postcode 73268

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - LESSEE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 31/01/19 @ 1300HRS, I WAS TRAVELLING ALONG ANG MO KIO AVE 9 GOING TO MAKE A RIGHT TURN AT THE TJUNCTION TO ANG MO KIO AVE 4. I WAS AT THE RIGHT LANE AS THE ROAD LANE IS ONE LEFT TURN ONLY AND ONE RIGHT TURN ONLY. AS I WAS MAKING MY RIGHT TURN, SUDDENLY I HEARD A BANG SOUND AND FEEL SOMETHING HAD HIT MY VEHICLE, GBF6047X. I SWERVED TO THE RIGHT AND TURN BACK TO THE LEFT AFTER THAT I PARKED BY HE ROAD SIDE. I NOTICE THE THIRD PARTY VEHICLE, SBP9933R RIGHT HAND SIDE FRONT SIDE BUMPER HAD HIT ONTO MY LEFT HAND SIDE FRONT BODY. I TRY TO GET DETAIL WITH THE THIRD PARTY BUT HE REFUSE TO GIVE, AS SUCH I CALL FOR THE POLICE. AFTER POLICE CAME DOWN, I WAS BEEN ADVISE BY THE POLICE OFFICER TO MAKE INSURANCE REPORT AS NO INJURY ON THE ACCIDENT CASE. NO POLICE REPORT NEEDED. I WANTED TO STATE THAT THE THIRD PARTY WAS MAKING AN ILLEGAL RIGHT TURN AS HIS CAR POSITION IS AT THE LEFT TURN LANE ONLY.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSBP9933RVehicle Make/Model/ColourLEXUSDetails Of PropertiesVEH B

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

FRONT RIGHT SIDE PORTION

1

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



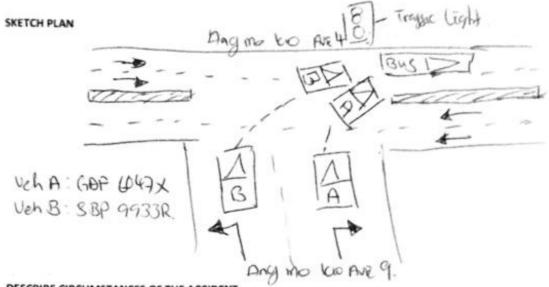
Policyholder's Signature Oute & Time:



Driver's Signature (if driver is not the policyholder) Date & Time:



Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/01/2019 01300trs, I was trevelling along Any Mo Kio Ave 9 going
to make a right turn at the T- Junction to Any mo kin AUS 4.1 was at
the right have as the road have is one left turn only and one right turn only.
As I was making my right turn, suddenly I heard a bury sound and goe!
Something had hit my vehicle GSF 6047x. I swang to the right and turn back
to the lest Agter that I perhad by the acid side. I notice the third pady sight hand
side front side bumper had hit anto my left hard side grant body.
I try to get detail with the third party but he reque to give, as such
I call for the police. After police clame down, I wo been advice by the
police officer to make insurance report on no injury on the accident cook.
No police regard needed . I wanted to state that the third arety was
Include an illegal mont turn so so his car asstron is at the text turn
only &

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature Oate & Time:



Driver's Signature (If driver is not the policyholder) Date & Time:



Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



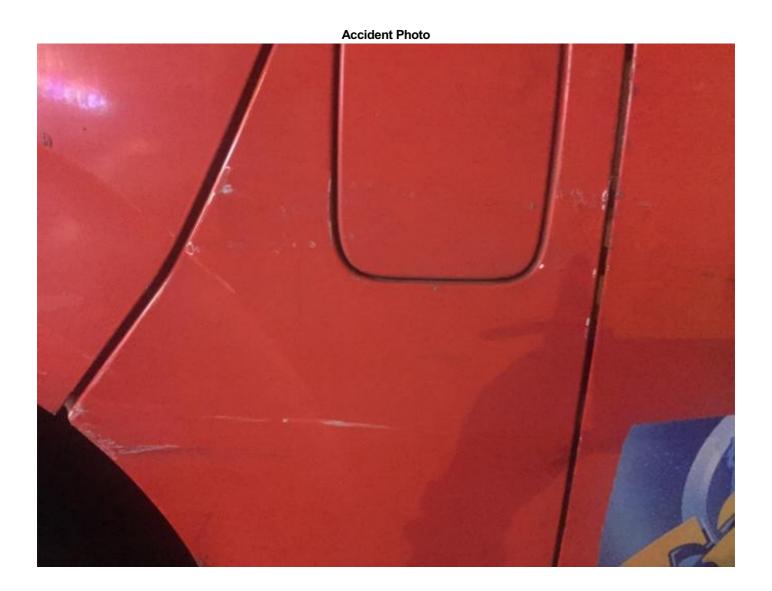




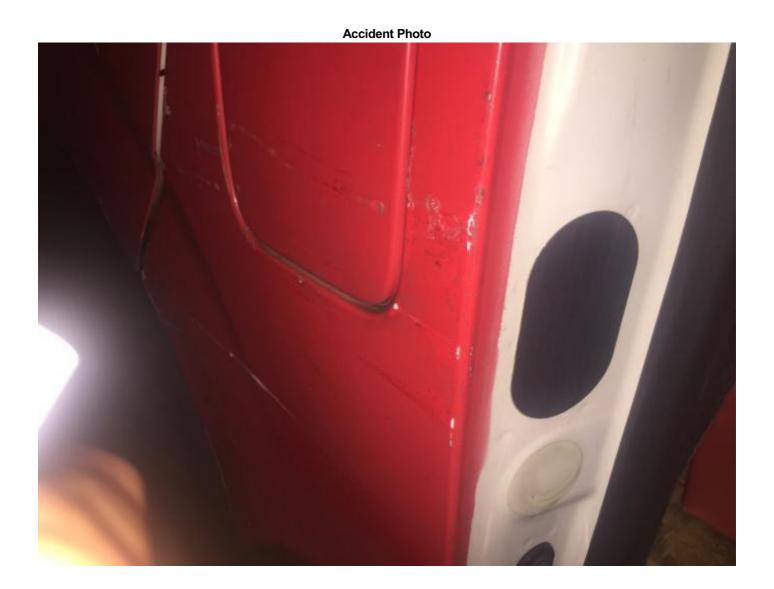








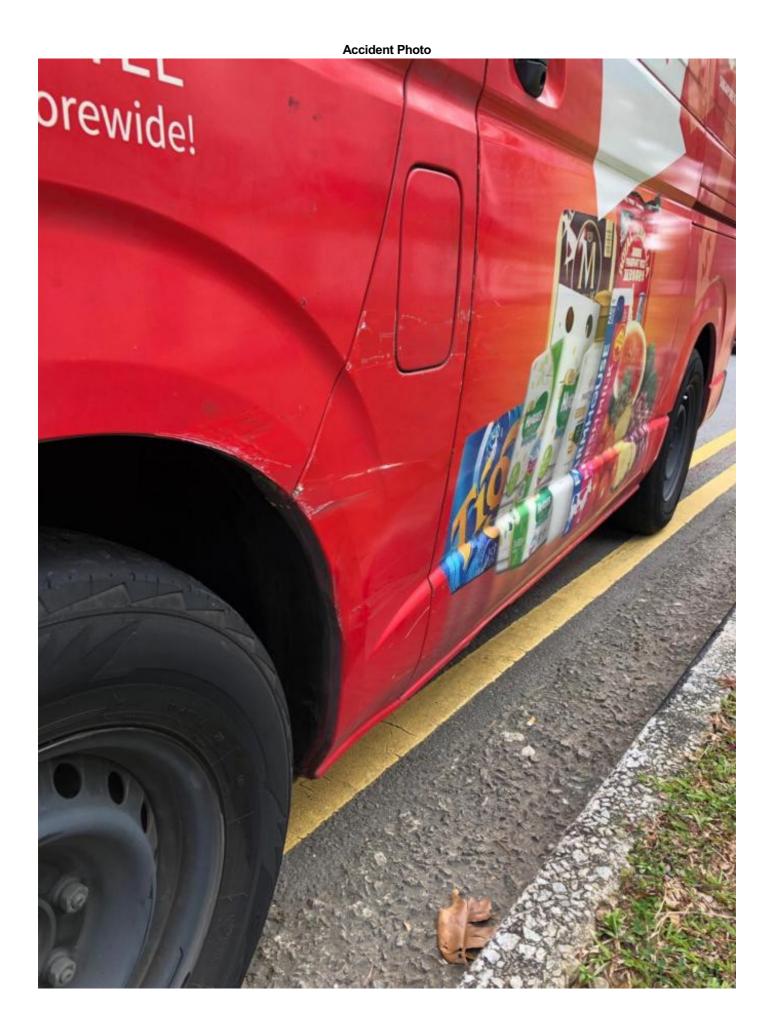




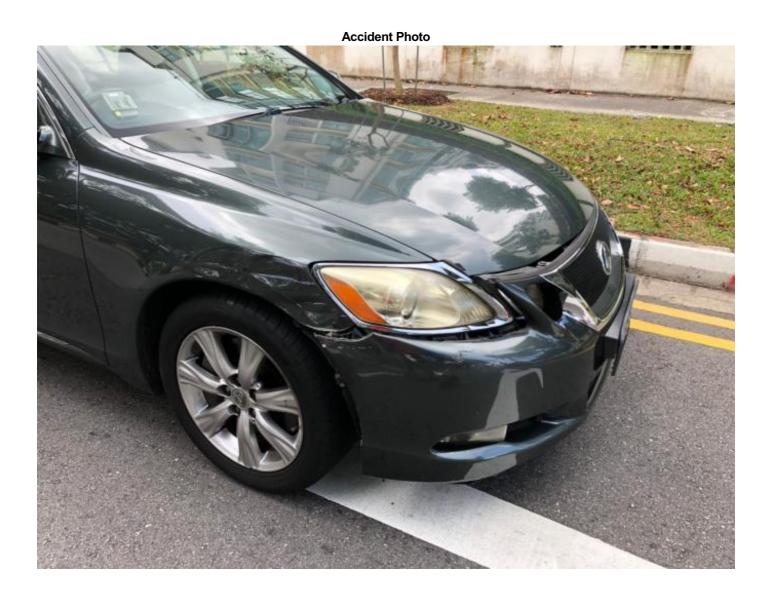


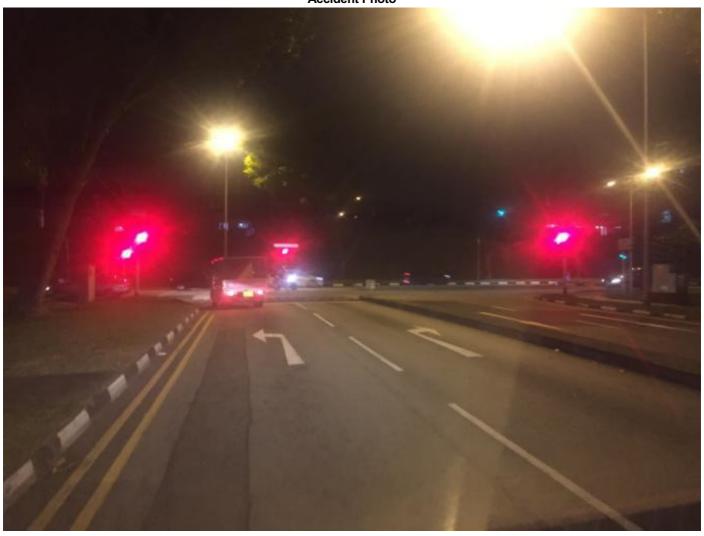












Driving License



CLASS 3 ~ 8 AUG 2017